

KENTUCKY MEDICAID/ FIRST HEATH SERVICES PHARMACY POS IMPLEMENTATION

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Jeannie Goodyear

Topic		Telephone
NCPDP version/ format	➤ Send NCPDP version 5.1 only. Any lower version will be denied.	800-432-7005
NCPDP Identifiers ➤ Send only designated identifiers.	➤ BIN # (NCPDP #101-A1) = 011529 ➤ PCN (NCPDP #104-A4) = P022011529 ➤ Group ID (NCPDP #301-C1) = KYMEDICAID ➤ Pharmacy Provider ID (NCPDP # 201-B1) = KY Medicaid Provider ID # (use 10-digit# ending in “00”) ➤ Cardholder ID (NCPDP #302-C2) = KY Medicaid (MAID) ID # ➤ Prescriber ID (NCPDP #411-DB) = State License #	800-432-7005
NCPDP Qualifiers ➤ Send only designated qualifiers. ➤ You must send an appropriate qualifier if you send the corresponding data field; this is required even if the data you are sending is optional and there are no corresponding edits.	➤ <u>Used in editing:</u> ○ Service Provider ID Qualifier (NCPDP #202-B2) = 05 = Medicaid ○ Product/ Service ID Qualifier (NCPDP #436-E1)= 03 = NDC ○ Prescriber ID Qualifier (NCPDP #466-EZ) = 08 = State License ○ Other Payer Amount Paid Qualifier (NCPDP #342-HC) = 08 = Sum of all reimbursement <i>(Note: other valid values will not deny.)</i> ○ Diagnosis Code Qualifier (NCPDP #492-WE) = 01 = ICD-9 ➤ <u>Not used in editing:</u> ○ Patient ID Qualifier (NCPDP #331-CX) ○ Originally Prescribed Product/ Service ID Qualifier (NCPDP #453-EJ) ○ Other Amount Claimed Submitted (NCPDP #479-H8) ○ Primary Care Provider ID Qualifier (NCPDP #468-2E) ○ DUR Co-agent ID Qualifier (NCPDP #475-J9)	800-432-7005
MAC Pricing ➤ The SMAC program will be expanded.	➤ Providers may look up specific product MAC price information on the FHS website: http://kentucky.fhsc.com . ➤ Providers wishing to appeal the MAC pricing should complete the form available on the website and fax to: 804-217-7911 or email: rebate@fhsc.com .	FAX 804-217-7911
Coordination of Benefits ➤ All other payers should be exhausted before billing KY Medicaid if the patient has other coverage.	➤ FHS will deny the claim if the recipient enrollment information indicates there is other pharmacy coverage. ➤ Providers should use the billing instructions in the Provider Manual to bill KY Medicaid after submitting the claim to the primary carrier. ➤ The system will automatically pay the claim if the recipient is up to 21 years old. If it is within the birth month of the 21 st birthday, providers must enter a Prior Authorization Type Code (NCPDP #461-EU)= “8” (payer defined exemption) in order to override the TPL/COB condition.	800-432-7005
Prior Authorizations ➤ Use appropriate fax PA form.	➤ Pharmacy providers or prescribers (as appropriate) should fax FHS with any/ all clinical PA requests.	FAX Normal: 800-365-8835

		Urgent: 800-421-9064 LTC: 800-453-2273 800-477-3071 (for questions regarding or status of prior authorization requests)
ProDUR	➤ Providers may override the following ProDUR edits using the codes identified in the Provider Manual: <ul style="list-style-type: none"> ○ Ingredient Duplication (ID) ○ Therapeutic Duplication (TD) except for: <ul style="list-style-type: none"> - Atypical anti-psychotic drugs; - Narcotic analgesics; - Anti-anxiety drugs. 	800-432-7005 (for assistance with provider-level overrides)
	➤ Providers should call FHS for override consideration for the following: <ul style="list-style-type: none"> ○ Drug/ Drug (DD) ○ Therapeutic Duplication (TD) for: <ul style="list-style-type: none"> - Atypical anti-psychotic drugs; - Narcotic analgesics; - Anti-anxiety drugs. 	800-477-3071 (for override consideration)
Early Refill	➤ The FHS system will automatically override an Early Refill if there is a measurable increase in dose and a new Rx number. ➤ Until further notice providers may override Early Refill following the guidelines in the Provider Manual. ➤ Providers should call FH for any override consideration for the early fill of a CII.	800-477-3071
Emergency Overrides	➤ For approved emergency override conditions providers enter: <ul style="list-style-type: none"> ○ Level of Service (NCPDP # 418-DI) = “3” (emergency). 	800-432-7005
Compounds ➤ Use single-ingredient functionality until further notice; <u>do not</u> send the Compound Segment with multiple NDC information.	➤ Submit a separate claim for each ingredient in the compound. ➤ Enter a separate RX Number for each claim. ➤ Until the Compound Segment (see below) is implemented, providers must enter a Prior Authorization Type Code (NCPDP # 461-EU)= “4” (exemption from copay) for the 2 nd , 3 rd , etc., claim of a compound in order to bypass the recipient copay. Do not enter this code on the first claim of the copay. ❖ Providers will be required to submit the NCPDP v.5.1 Compound Segment by 2/1/2005. This will allow a single transmission for all ingredients within the compound.	800-432-7005
Long Term Care (LTC)	➤ Long Term Care providers will be provided specific processing instructions in a separate notification. Additionally, information will be posted on the website.	800-432-7005